

A MONITORING AND EVALUATION REPORT OF THE KEY COMPONENTS OF THE PROGRAMME IMPLEMENTATION PLAN NATIONAL HEALTH MISSION

MAMIT DISTRICT, MIZORAM



2020-21 |

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EXECUTIVE SUMMARY

With 'Public Health' and its allied issues acquiring a political clout, a progressive health policy emerged in the year 2005, completely transforming the architecture of the healthcare systems. With the launch of the National Rural Health Mission (NRHM), a complete restructuring within the realm of health and healthcare systems was discerned. NRHM subsequently was re-designed into the National Health Mission (NHM); holistically governing the healthcare needs of the Rural and Urban India.

The mission aims to establish a fully functional, community-centric, decentralized health delivery system, with inter-sectoral convergence at every level. This has been undertaken to ensure simultaneous action on a range of determinants of health, like water, sanitation, nutrition, education, social and gender equality.

The funding for the NHM is shared between the National and sub-National Governments. At present, this sharing is in the ratio of 60:40. Funds are released under four broad pools: (a) Flexible Pool for Reproductive and Child Health and Health Systems Strengthening (NRHM-RCH Flexipool), (b) Flexible Pool for Communicable Diseases (FPCD) (c) Flexible Pool for Non-Communicable Diseases (FPNCD) and (d) Flexible Pool for National Urban Health Mission (FPNUHM). In addition, the National Government also releases funds for selected maintenance of health infrastructure (called 'Infrastructure Maintenance Grant'), which are directly spent by the State Governments.

In the purview of the complex structure and scope of the programme, routine Monitoring and Evaluation (M&E) activities of the key deliverables and performance indicators becomes essential to the effective sustainability of the programme.

Against this backdrop, the present report compiles from the latest available data and field visits, observations into the public health systems of the Mamit district in Mizoram. A learned team from the Population Research Centre, Delhi visited the health facilities across the district, and noted remarks on the healthcare status in the district, key challenges faced with the implementation of National Health Programmes, and prospective plans that could help bridge the existing gaps.

Using the intra and inter district lenses, the report first addresses state level findings gathered from the foremost meetings with the Principal Secretary, NHM Mizoram, and the state NHM Nodal Officers. In section 1, the report presents a brief profile of the Mamit district covering the domains of demography, and healthcare. Section 2 summarizes the resource envelope available with the district for the financial year 2020-21. It entails an overview of NHM fund allocation and utilization across various its components. Section 3 centres around the Public Health planning in the district, as it describes the status of implementation of various programmes functional in the state, under the ambit of NHM. In section 4, observations specific to the health facilities visited in the district are listed. Section 5 concludes the report with a summary of overall findings,

and recommendation for accelerating progress towards strengthening health systems in Mamit district.

A brief of key challenges and recommendations noted for the district of Mamit are specified below:

- **Timeliness of funds flow:** A substantial delay in the release of funds from the State treasury to the bank accounts of State Health Society, adversely affects availability of funds at a specified time, utilization of budgeted funds, programme implementation at the district, block, and facility level, and also results in a disproportionate spending towards the final quarters on the financial years.

It is thus recommended that simplification of procedures for fund release from the State Treasury to SHS must be ascertained, if unduly lengthy or unstructured or rotates multitude desks.

- **Improved integration/coordination of independent Directorates:** The Health Department in Mizoram has been bifurcated into Directorate of Health Services (DHS) and Directorate of Hospital & Medical Education (DHME), each having a separate budget. The implementation and planning of key NHM activities must ideally act as an integrating force, however, the ground reality differs. The fund allocation between the two directorates along with an enabling and a coordinated integration must be prioritized, to target health security.

- **Peripheral health systems strengthening:** Owing to the difficult geographical terrain in the district, accessibility of healthcare services continues to remain a crucial challenge. With healthcare service availability largely limited to the District Hospital, a range of health services like ANC checkups, Institutional Deliveries, treatments and follow-ups, etc. suffer in light of the poor transportation and a particularly wide disbursement of health facilities within the district.

To ensure provision of healthcare services at remote locations (majorly housing vulnerable tribes); strengthening of peripheral health facilities through enhanced trainings, deployment of HR, availability of medicine and equipment, etc. must be a non-negotiable priority. Increased availability of the Mobile Medical Units can also be targeted for the district, to serve underserved areas and populations.

- **Strengthening Referral Transport and Mobility Support:** The non-availability of public transport and transportation facilities in general, glaringly demonstrate the crucial role of optimized and rationalized placement of referral transport across the district. There are no private hospital facilities functional in the district, and people from the remotest areas of Mamit have to travel to the District Hospital for specialized care and delivery care.

In this light, it is recommend that referral transport availability must be carefully planned within the district, and enhanced mobility support must be provided for, to

ensure minimum ‘misses’, timely access to care, and optimum healthcare utilization.

- **Availability of support staff – Obstetrics and Gynecology Department:** The ANC checkups and the delivery load for the Mamit district is majorly attended at the District Hospital, Mamit. It is concerning to note that the Obs&Gyn. Specialist at the hospital works with no medical assistant; thus catering to a significant number of pregnant women, singlehandedly. Obs&Gyn team strengthening is definitely recommended for quality service delivery.
- **Home Deliveries:** Close to three-fourth of all home deliveries in the district were not attended by any Skilled Birth Attendant (SBA), as noted for the last financial year. Particular tribal areas within the district account for a large share of the total home deliveries observed.
It is recommended that availability of trained SBAs be ensured across remote settings and for tribal areas within the district. Enhanced awareness programmes via frontline workers, and health staff must be planned and implemented. Strengthening of delivery points at the primary care level health tier is also crucial to addressing the burden of ‘Home Deliveries’ in the district.
- **Worsening Sex Ratio at Birth:** Findings from the National Family Health Survey, Round 5 revealed that the Sex ratio at birth has drastically worsened for the district of Mamit. Given that private care

setups are next to zero in the district, and majority institutional deliveries take place in a public health facility across Mamit, PC & PNDT act mandates must be carefully monitored for any sex determination practices in eth district.

- **Incidence of Anemia among women:** The women in Mamit have reported concerning rates of anemia prevalence, with adolescent girls aged 15-19 disproportionately affected by iron deficiency anemia. Facility-based and community-based screening and evaluation of even the asymptomatic men women and children must be accelerated to enable early diagnoses and management of anemia. This will also rehabilitate awareness regarding anemia and help with preventive management.

In light of the widening intra-state health and health-systems disparities in Mizoram, the Mizoram Health Systems Strengthening Project (MHSSP) has been implemented to improve management capacity and quality of health services in Mizoram. The MHSSP coupled with the notable resources provided under NHM to the state, signal towards a swift improvement in healthcare targets which presently continue to be impeded by the prevailing inequalities.

The district of Mamit being an aspirational district accords for enhanced support in terms of health systems strengthening, such that not only is it ensured that the people are healthy, but so are the healthcare systems in the district.

MIZORAM STATE HEALTH SYSTEM: AN OVERVIEW

The state of Mizoram, known as the land of Blue Mountains, and famed for its dense forest cover, is on an much-appreciated upward trajectory specific to its socio-economic development. The state has implemented key interventions across various domains of healthcare to promote healthcare security, and health provisions strengthening. A decade ago, the state of Mizoram accorded an infamous status of being the ‘Cancer Capital of India’ thereby witnessing a large number of people incurring catastrophic Out-of-pocket expenditure for critical illnesses and treatment seeking. The Mizoram State Health Society - Health Insurance Scheme came as a light for many in the year 2008. Henceforth, the development interventions across the broad themes of healthcare services have only strengthened in the state.

As recently as in the year 2021, the Department of Health and Family Welfare (DoHFW), Government of Mizoram with technical and financial support from the World Bank, has implemented ‘Mizoram Health Systems Strengthening Project’ (MHSSP) in the State for improving the health status of its citizens. In this regard a funding of \$32 billion was signed o improve management capacity and quality of health services in Mizoram, particularly for the benefit of under-served areas and vulnerable groups.

Currently, Health Services in Mizoram is provided through one State Hospital (an upgraded district hospital), 7 district hospitals, 9 Community Health Centres, 57 Primary Health Centres and 366 Sub- centres & 78

Clinics spreading across the state. Population norms set by the Central Government need to be relaxed for Mizoram in order to reach all members of the community. Different categories of technical and non-technical manpower work together in a coordinated effort to address the objectives and functions of Health Department.

One of the most interesting features of the health systems in Mizoram relates to the bifurcation of its Health Directorates. Unlike other states of India, Mizoram has a dual health Directorate, with demarcated responsibilities, roles, funding, and scope of functioning.

The Mizoram Health Department is bifurcated into Directorate of Health Services (DHS) and Directorate of Hospital & Medical Education(DHME), each having a separate budget. DHS looks after rural health institutions i.e., Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-Centres (SCs) and Rural Hospitals. Similarly, Civil Hospital and all District Hospitals come under the jurisdiction of Directorate of Hospital & Medical Education.

At the district levels, Chief Medical Officer (CMO) and Medical Superintendent represent the DHS and DHME respectively. Also, Aizawl District has been functionally divided into Aizawl East and Aizawl West districts for health service delivery, each headed by a CMO. At the State level, the two Directors are assisted by Programme Officers, Medical Officers, etc.

MIZORAM STATE HEALTH DEPARTMENT

DIRECTORATE OF HEALTH SERVICES

CMO KEY IMPLEMENTATIONS:

- Processing of Drug licence
- Processing of Food licencing
- Issue of Food Registration
- JSY
- JSSK
- PMSMA
- Programme for IUCD insertion
- Programme for Female Sterilization
- Programme for Male Sterilization
- MMU
- RBSK
- DEIC

CHCs/PHCs KEY IMPLEMENTATIONS:

- Out Patient Department (OPD)
- EmergencyService
- Visiting Hours
- Indoor PatientServices
- Issue of Medical Certificate/Fitness Certificate
- X-Ray & Laboratory
- Janani SurakshaYojana (JSY)
- Janani Shishu Suraksha Karyakram (JSSK)
- PMSMA
- Programme for IUCD insertion
- Programme for Female Sterilization
- Programme for Male Sterilization
- RKSJ programme
- DEIC
- National Ambulance Service (NAS)

SUB CENTRE KEY IMPLEMENTATIONS:

- ANC
- PNC
- Full Immunization
- Family Planning
- Curative Service

DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION

NATIONAL HEALTH PROGRAMMES

- National Tobacco Control Programme (NTCP)
- Clinical Establishment Act (CEA)
- National Oral Health Programme (NOHP)
- Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT)
- National Mental Health Programme (NHMP)
- National Viral Hepatitis Control Programme (NVHCP)
- State Blood Cell (SBC)
- National Programme for Prevention & Control of Deafness (NPPCD)
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
- National Programme for Health Care of the Elderly (NPHCE)
- National Programme for Palliative care (NPPC)
- Implementation of Bio- MedicalWaste Rules, 2014

HEALTH FACILITIES:

- Civil Hospital Aizawl
- Civil Hospital, Lunglei
- State Referral Hospital, Falkawn
- Kulikawn Hospital
- Mizoram State Cancer Institute
- District Hospital, Serchhip
- District Hospital, Champhai
- District Hospital, Lawngtlai
- District Hospital, Siaha
- District Hospital, Kolasib
- District Hospital, Mamit
- School Of Nursing, Thingdawl
- Nursing School, Lunglei
- Mizoram College Of Nursing, Falkawn



1 ABOUT THE DISTRICT

Popularly regarded as the ‘Orange District of Mizoram’ for its abundant production of oranges, the district of Mamit is located amidst serene lakes, mountain views, and forest reserves. It is the least urbanized districts of Mizoram. As per the Census 2011, the district has 3 Statutory Towns, and 123 villages. It is bounded on the North by Assam State, on the West by Tripura State, on the East by Kolasib and Aizawl districts and on the South by Lunglei district. It is the fourth largest district in Mizoram.

1.1. DEMOGRAPHIC PROFILE

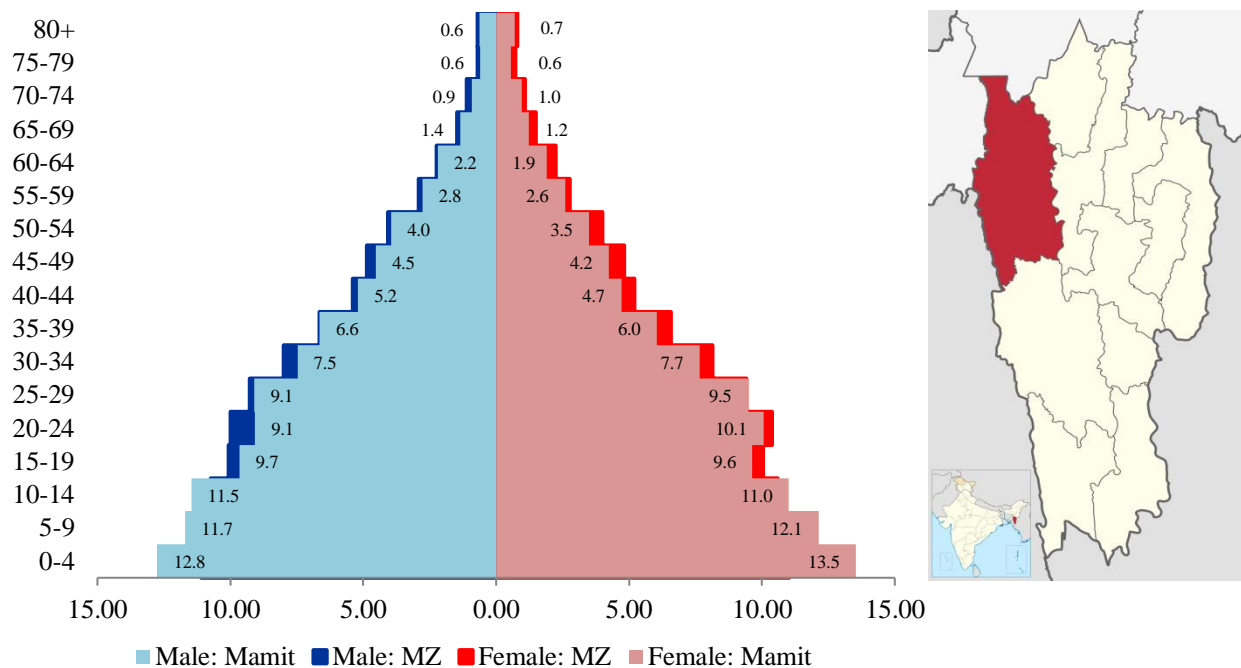


Figure 1: Population pyramid for the state of Mizoram, and Mamit District; Census 2011

Mamit District with its headquarters at Mamit was etched out from the erstwhile Aizawl District.

The district of Mamit houses 86,364 individuals (Census of India, 2011), which is roughly eight percent of the state's population. This also gives it a ranking of 619th in India (out of a total of 640). Its population growth rate over the decade 2001-2011 was 36.59 %. The district has a population density of 28 inhabitants per square kilometre (73 /sq mi).

Close to 55 percent of the district's population is aged less than 25, while the percentage share of the aged population in Mamit (aged 60+) is approximately 6 percent.

The population pyramid in Figure 1 reflects that for the adult population in the district (ages 19 and above), the pyramid is steeper than the state's share of total adults.

It must also be noted that the share of infants in the district is slightly larger than that of the state. Further, against the State level Sex Ratio of 976, Mamit district reported a sex ratio of 927.

About 39 percent of the total population in Mamit is reported to be Below Poverty Line (BPL). The share of Schedule Tribe population in the district stands at 95 percent. The dominant tribe within the District is Mizo followed by Chakma and Reang.

1.2. SOCIO-ECONOMIC PROFILE

In this section, we examine a subset of indicators relating the socio-economic profile of the people of Mamit. Tabulated below are the statistics sourced from the Fourth (2015-16) and the Fifth (2019-20) Rounds of the National Family Health Survey in India. Marked improvements have been noted with regards to the indicators highlighted in green in Table 1, while red highlights suggest a deceleration in the respective performance indicator.

A concerning details emerges with respect to the Sex Ratio at Birth noted for the district of Mamit. While the Fourth round of NFHS reported a SRB of 1051 female births per 1000 male births; the latest figures estimate

the SRB at 794 female births per 1000 male births. The said worsening of SRB needs to be looked into with careful caution.

Highlighted in green, the other socio-economic indicators discussed in Table 1 reflect an overall improvement over the course of 5 years. Remarkable increase in the percentage of population living in households with an improved sanitation facility, and using clean fuel for cooking can be observed. Early age marriages, and third or higher order births have also reported a certain degree of reduction, however, both these aspects need further improvement through strengthen government policies and community mobilization.

Table 1: Socio-economic overview of Mamit District; NFHS Rounds 4 &5

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)	Δ
	Total	Total	
POPULATION AND HOUSEHOLD PROFILE			
Female population age 6 years and above who ever attended school (%)	90.7	82.0	8.7
Sex ratio of the total population (females per 1,000 males)	991	960	31.0
Sex ratio at birth for children born in the last five years (females per 1,000 males)	794	1,051	-257.0
Population living in households with electricity (%)	97.9	85.6	12.3
Population living in households with an improved drinking-water source(%)	97.3	82.3	15.0
Population living in households that use an improved sanitation facility (%)	92.7	66.2	26.5
Households using clean fuel for cooking (%)	73.3	38.0	35.3
Households using iodized salt (%)	99.4	97.6	1.8
Households with any usual member covered under a health insurance/financing scheme (%)	61.7	50.7	11.0
CHARACTERISTICS OF WOMEN (AGE 15-49 YEARS)			
Women with 10 or more years of schooling (%)	40.0	21.7	18.3
MARRIAGE AND FERTILITY			
Women age 20-24 years married before age 18 years (%)	16.8	17.8	-1.0
Births in the 5 years preceding survey that are third or higher order (%)	1.2	2.7	-1.5

1.3. HEALTHCARE PROFILE

We further look into the status of healthcare for the people of Mamit. Table 2 presents data values of certain health-related indicators, particularly for women, sourced from the fourth and the fifth round of NFHS. The last column in table also shows the variation

observed over the period between these two rounds. Again, as previously discussed, the green highlights suggest an overall improvement, while a red highlight is indicative of a decline in performance.

Table 2: Overview of Health Status of Mamit District; NFHS Rounds 4 & 5

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)	Δ
FAMILY PLANNING (MARRIED WOMEN AGE 15–49 YEARS)			
Any method (%)	41.6	34.3	7.3
Any modern method (%)	41.3	34.3	7.0
Female sterilization (%)	17.7	16.0	1.7
Total unmet need (%)	17.0	23.5	-6.5
MATERNAL HEALTH			
Mothers who had an antenatal check-up in the first trimester (%)	64.5	60.7	3.8
Mothers who had at least 4 antenatal care visits (%)	52.5	44.8	7.7
Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,150	2,986	1164.0
Institutional births (%)	75.0	58.0	17.0
Institutional births in public facility (%)	71.8	52.9	18.9
CHILD HEALTH			
Children age 12-23 months fully vaccinated (%)	85.7	71.3	14.4
Children under 5 years who are stunted (height-for-age) (%)	26.4	30.8	-4.4
Children under 5 years who are wasted (weight-for-height) (%)	7.4	9.3	-1.9
Children under 5 years who are severely wasted (weight-for-height) (%)	3.8	2.7	1.1
Children under 5 years who are underweight (weight-for-age) (%)	13.9	17.5	-3.6
Children under 5 years who are overweight (weight-for-height) (%)	5.9	3.1	2.8
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	45.5	19.4	26.1
WOMEN HEALTH			
Women who are overweight or obese (BMI \geq 25.0 kg/m ²) (%)	21.8	13.2	8.6
Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	35.1	27.8	7.3
Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	29.9	23.7	6.2
All women age 15-49 years who are anaemic (%)	34.9	27.6	7.3
All women age 15-19 years who are anaemic (%)	42.4	17.6	24.8
Women age 15-24 years who use hygienic methods of protection during their menstrual period (%)	89.0	87.6	1.4
HEALTH SECURITY			
Households with any usual member covered under a health insurance/financing scheme (%)	61.7	50.7	11.0

- **Family Planning:** The latest round of NFHS suggests that Mamit has recorded improvements with regards to family planning usage, documenting an increase of 7 percentage points with regards to contraceptive usage. Modern method acceptance has also shown a considerable improvement. These improvements in family planning cumulatively reflect the improvement observed with respect to the total unmet need computed for the district. Whereas, during the period 2015-16, the total unmet need for Mamit was close to 24 percent, it recorded a decline of about 7 percentage points for the period 2019-20. These achievements signify the improved accessibility, awareness, and acceptance for contraceptives among the women of Mamit.
- **Maternal Health:** As we shall discuss in the further sections, provisions for maternal health in Mamit suffer from major constraints in terms of health infrastructure, human resource, and mobility. However, the district has recorded considerable improvement with regards to Institutional deliveries ($\Delta=17\%$), as well as public-facility-specific institutional deliveries ($\Delta=19\%$). However, a rather concerning finding emerges from the above table with respect to the Out-of-Pocket-Expenditure incurred for delivery care in public facilities. The data suggests that on an average, women in Mamit have to incur an expense of approximately Rs. 4,150 for delivery care in a public facility. Provided that NHM seeks to zero-down any out-of-pocket-expenditure on delivery care for women in India; this particular observation
- calls for integrated surveillance into the causes, and correction thereof.
- **Child Health:** Indicators of Child health in Mamit, particularly, their vaccination status, and nutritional status have shown accelerated improvements. With the exception of documented increase in the number of severely wasted children ($\Delta=1\%$), and overweight children ($\Delta=3\%$), the nutritional status has overall improved for the children of Mamit. One of the major causes of concerns that require major attention has to be of childhood anemia. As per NFHS-5, the district has about 46 percent children between the ages 6-59 months who are anemic. A distressing increase of 26 percentage points noted for the prevalence of anemia among children must insist for policy action.
- **Women Health:** The nutritional status of women has accorded for significant focus with key NHM programmes. Findings from NFHS-5 tell of a dismaying tale with regards to the prevalence of anemia among women in Mamit. Prevalence of anemia has worsened for pregnant women ($\Delta=7\%$), non-pregnant women ($\Delta=6\%$), and girls in late adolescence ($\Delta=25\%$). With 42 percent adolescent girls (aged 15-19) in the district reported to be anemic, targeted interventions as per the focus groups need to be scaled up significantly.
- **Health security:** Sixty-two percent of the households in Mamit have at least one household member who is covered under a health insurance scheme. Percentage of households with an insured member has increased by 11 percentage points.

We have gained some insight into the status of health and determinants of health for the district of Mamit. The above sections leave us with the few answers to uncover:

- Given that 95 percent of the population in Mamit identifies as a Scheduled Tribe, are there any tribal groups particularly vulnerable? How healthcare equality across the district look like?
- With Sex Ratio at Birth documenting a daunting decline, coupled with eth fact that close to 72 percent of all institutional births take place in a

public health facility, what is status of implementation of the PC & PNDDT act mandates.

- What is the status of implementation of the national health programmes targeting anemia in the district, given the alarming rise in the prevalence of anemia among children, adolescent girls, and women.

To seek some understating on these aspects, and further analyze the efficacy of healthcare systems in Mamit, we will now in further sections, discuss in detail about the healthcare financing, and other healthcare resources in Mamit.

BOX 1: TRANSFORMATION OF ASPIRATIONAL DISTRICTS PROGRAMME: MAMIT DISTRICT

THE ECONOMIC TIMES | Politics

English Edition | 27 November, 2021, 08:06 PM IST | E-Paper

Mizoram's Mamit district tops NITI Aayog's aspirational rankings for the month of October

Synopsis

The rankings took into account incremental progress made by over 112 aspirational districts across six developmental areas during October.



NEW DELHI: **Mamit district** of Mizoram has topped the rankings of aspirational districts by government think-tank Niti Aayog for October. Banka (Bihar) and Dhenkanal (Odisha) have been placed at the second and third positions, respectively, Niti Aayog said in a tweet. Guna (Madhya Pradesh) and Pakur (Jharkhand) stood at fourth and fifth positions.

The rankings took into account **incremental progress** made by over 112 aspirational districts across six **developmental areas** during October.

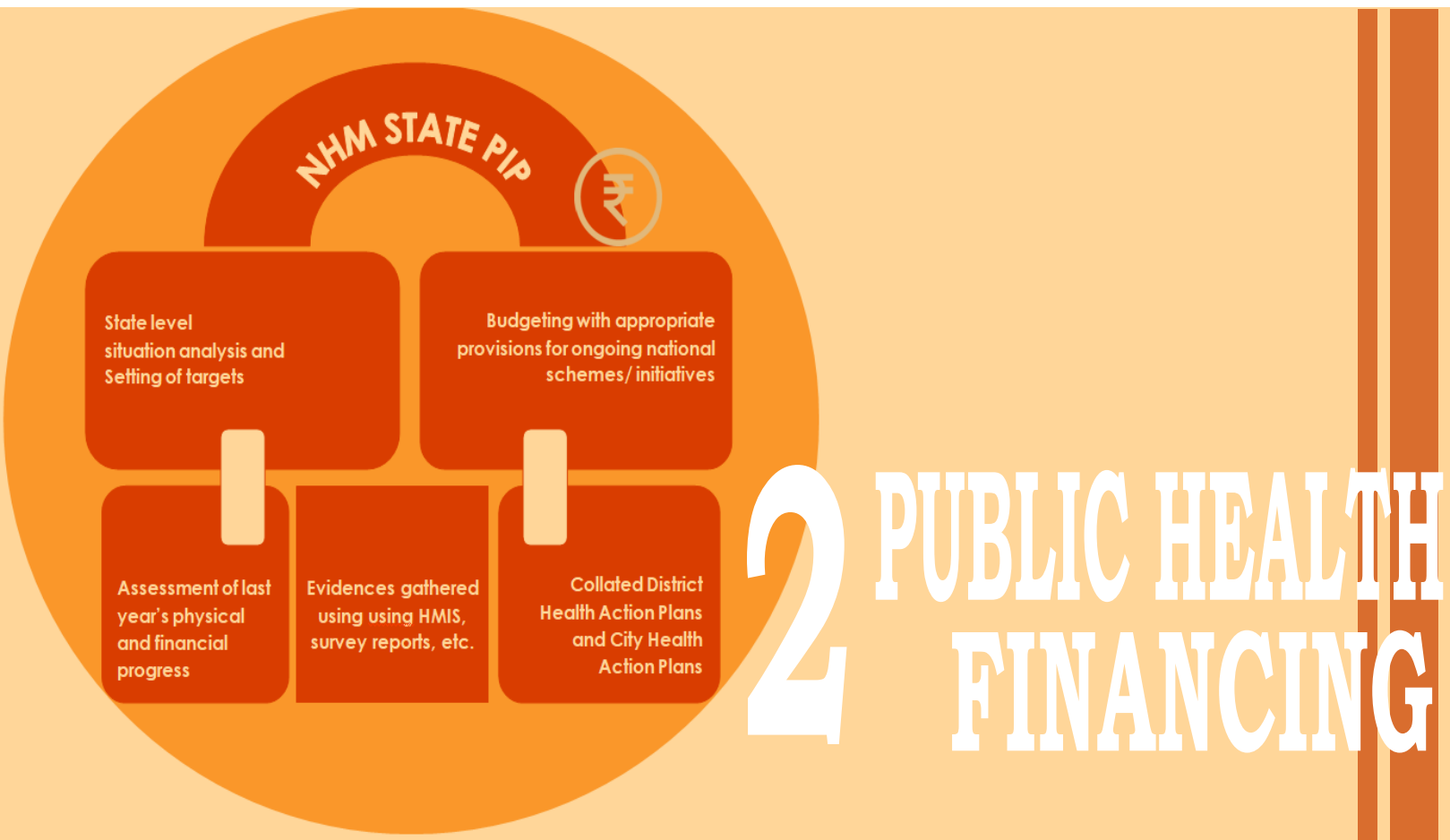
Health and nutrition, education, agriculture and water resources, financial inclusion, skill development and basic infrastructure were the development areas that were taken into consideration for the rankings. The aspirational districts programme, launched in January 2018, aims to transform districts that have shown relatively lesser progress in key social areas and have emerged as pockets of under-development.

Launched in January 2018, the Aspirational Districts programme aims to quickly and effectively transform 112 most under-developed districts across the country.

With States as the main drivers, this program focuses on the strength of each district, identifying low-hanging fruits for immediate improvement and measuring progress by ranking districts on a monthly basis. The ranking is based on the incremental progress made across 49 Key Performance Indicators (KPIs) under 5 broad socio-economic themes - Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion & Skill Development and Infrastructure.

With 30% of the overall composite score on health & nutrition, the program has identified 13 indicators to focus on antenatal care, postnatal care, and gender parity, health of newborns, and growth of children, contagious diseases, and health infrastructure.

The district of Mamit is identified as the only aspirational district in Mizoram. The baseline score in the domain of healthcare accorded to Mamit was at 38 points, which has moved to a composite health score of 51 points as on September, 2021. The district ranked 2nd in terms of healthcare composite score for the month of October 2020. However, in July, 2021 while state was fighting its worst battle against the COVID19 pandemic, Mamit district dropped to a rank of 111 out of 112. It is presently ranked 85 for the healthcare domain.



The total NHM resource envelope for the state of Mizoram corresponding to financial year 2020-21 was Rs. 14927.59 lakhs. The district of Mamit accounted for 4 percent of the state's total allocated budget.

The district reported optimal budget utilization rates across all major FMR heads. Owing to the pandemic distress and management thereof, spending with respect to core NHM healthcare programme implementation and immunization activities witnessed a setback.

2.1. DISTRICT HEALTH ACTION PLAN

BACKGROUND



In order to address the inter district disparities and the local health priorities of each region, the planning process of Nation Health Mission follows a Bottom-Up Approach, wherein, it accounts for the healthcare challenges and required interventions from the village level, moving all the way up to the district level.

A District Health Action Plan (DHAP) is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. District Health Mission with support from District Health Society has been entrusted with the responsibility of steering formulation and ensuring implementation of the plan.

A DHAP contains:

- district setting including information into the geography and socio-demographic profiles
- situation analysis
- process for plan development
- objectives
- work plan
- monitoring and evaluation
- budget

PROCESS



Preparation of the District Health Action Plan, following a bottom-up approach, gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document –DHAP – which serves to consolidate the State Programme Implementation Plan (State PIP). For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions.



2.2. STATE PROGRAMME IMPLEMENTATION PLAN

CONCEPT



Program Implementation Plans (PIPs) are the most crucial documents in NHM through which the States/UTs plan, prioritize and propose strategies and activities to address the challenges in public health. Based on the plan and the budget proposed, the appraisals and discussions are carried out which culminate in National Program Co-ordination Committee (NPCC) meetings and approvals are accorded through the Record of Proceedings (RoP).

The basic principles of planning as given in NHM framework document remain unchanged and so the requirement of bottom-up planning and District Health Action Plans (DHAPs) are to be adhered to. States need to follow the 'Health Systems Approach' in order to simplify the process of planning and budgeting. The state PIPs for the year 2020-21 included the following components:

- PIP Summary
- PIP Annexure
- Budget Annexure
- Budget Abstracts
- Vision document for operationalizing AB-HWCs

The following themes were identified as Key Priority Areas for the FY 2020-21:

- Operationalization of Health and Wellness Centres (HWCs) for provision of
- Comprehensive Primary Healthcare at SC, PHC and UPHCs
- NCD Screening for 30+ population along with protocols for treatment and follow up and roll out of NCD application
- All well performing District hospitals and Trust hospitals to be notified as Programme Study Centres for CHO training
- Ensuring Free Drugs and Free Diagnostics Services Initiative with Grievance Redressal
- Ensuring NQAS and LaQshya certification of high delivery load facilities
- Operationalization of FRUs as per norms of response time
- Roll out of Home Based Young Child Care (HBYC)
- TB Case Notification from both public and private sectors
- Roll out of National Viral Hepatitis Control Programme (NVHCP)
- National Leprosy Eradication Programme (NLEP) in affected districts
- Operationalization of DEICs
- Early Childhood Development Interventions
- Robust Health Helpline- doctor on call, grievance redressal, scheme dissemination
- Team Based Performance Incentives to ensure continuum of care
- Inclusion of Good practices & Innovations
- Roll out of Rotavirus vaccine
- Roll out of Minimum performance benchmarks
- Roll out of Telemedicine
- Roll out of Midwifery initiative

The PIP documents serve as a crucial input in the preparation of the Record of Proceedings (RoPs). The RoP document conveys the summary of approvals accorded by the NPCC based on the state PIP. It serves as a reference document for implementation of key programmes and procedures. Timely issuance of RoP is seen as an enabler in fast-tracking the implementation of approved activities. A timely and a structured start helps in giving the state and districts ample time to administer and monitor the progress against each approved activity.

A summary of the district RoP is tabulated below, to decipher the patterns of budget

allocation across key service domains. It is within the mandates and protocols of the RoP approvals and guidelines, that the district streamlines its NHM activities, and presents its progress against. The RoP amount is typically released in installments, throughout the year. Districts are mandated to submit the financial and physical progress made against the RoP approved budget, every quarter and then, by the end of the year. It is ideally targeted that underutilization of the approved budget is minimized. For the year 2020-21, a total budget of Rs. 480.6 lakhs was released for the district, of which Rs. 478.4 lakhs was utilized, implying a close to 100 per utilization rate.

Table 3: NHM Budget Utilization Status, 2020-21

Particulars	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilization
1. FMR 1: Service Delivery: Facility Based	16.48	17.67	107%
2. FMR 2: Service Delivery: Community Based	18.85	18.97	101%
3. FMR 3: Community Intervention	1.21	1.18	98%
4. FMR 4: Untied grants	10.04	10.04	100%
5. FMR 5: Infrastructure	-	-	-
6. FMR 6: Procurement	-	-	-
7. FMR 7: Referral Transport	-	-	-
8. FMR 8: Human Resource (Service Delivery)	421.94	421.94	100%
9. FMR 9: Training	3.87	3.48	90%
10. FMR 10: Review, Research and Surveillance	0	0.001	-
11. FMR 11: IEC-BCC	1.25	1.25	100%
12. FMR 12: Printing	0.37	0.33	89%
13. FMR 13: Quality	0	0	-
14. FMR 14: Drug Warehouse & Logistic	2.99	2.02	68%
15. FMR 15: PPP	0	0	-
16. FMR 16: Programme Management	3.6	1.47	41%
FMR 16.1: PM Activities Sub Annexure	-	-	-
17. FMR 17: IT Initiatives for Service Delivery	-	-	-
18. FMR 18: Innovations	-	-	-

Based on the NHM budget utilization analysis for the financial year 2020-21 – as received from the CMHO office, Mamit – underutilization of sanctioned budget can only seldom be observed across the studied FMR heads. Underutilization of about 60 percent of the sanctioned budget can be

observed against the FMR Head ‘Programme Management’. The CMHO unit remarks that the review meetings could not be conducted routinely owing the COVID19 management and hence the budget utilization had suffered for ‘Programme Management’.

Table 4: Budget Utilization status as per the RoP Resource Envelope Structure, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilisation
1. RCH and Health Systems Flexipool			
· Maternal Health	14.16	14.71	104%
· Child Health	2.63	2.06	78%
· RBSK	20.03	15.07	75%
· Family Planning	1.34	1.06	79%
· RKSK/ Adolescent health	6.74	4.48	66%
· PC-PNDT	0	0	-
· Immunization	10.47	5.42	52%
· Untied Fund	10.04	10.04	100%
· Comprehensive Primary Healthcare (CPHC)	-	-	-
· Blood Services and Disorders	-	-	-
· Infrastructure	-	-	-
· ASHAs	17.06	15.83	93%
· HR	486.34	489.34	101%
· Programme Management	-	0.55	-
· MMU	0.9	1.19	132%
· Referral Transport	-	-	-
· Procurement	-	-	-
· Quality Assurance	1.92	0.96	50%
· PPP	-	-	-
· NIDDCP	0.1	-	0%
2. NUHM	-	-	-
3. Communicable Diseases Pool			
· Integrated Disease Surveillance Programme (IDSP)	3.91	4.21	108%
· National Vector Borne Disease Control Programme (NVBDCP)	5.73	5.9	103%
· National Leprosy Eradication Programme (NLEP)	-	-	-
· National TB Elimination Programme (NTEP)	25.26	23.53	93%
4. Non-Communicable Diseases Pool			
· National Program for Control of Blindness and Vision Impairment (NPCB+VI)	5.73	5.9	103%
· National Mental Health Program (NMHP)	0.4	0.24	60%
· National Programme for Health Care for the Elderly (NPHCE)	-	-	-
· National Tobacco Control Programme (NTCP)	0.11	4.39	3991%
· National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	1.33	1.86	140%
· National Dialysis Programme	-	-	-
· National Program for Climate Change and Human Health (NPCCHH)	-	-	-
· National Oral health programme (NOHP)	-	-	-
· National Programme on palliative care (NPPC)	-	-	-
· National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-	-
· National Rabies Control Programme (NRCP)	-	-	-
· National Programme for Prevention and Control of Deafness (NPPCD)	0.09	0.05	56%
· National programme for Prevention and Management of Burn & Injuries	-	-	-
· Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	-

The flexipool-wise budget utilization analysis reveals that budget utilization of less than 60 percent is noted for only a handful set of

programmes. The programme specific budget utilization summary is given is presented below:

Budget Utilization Rate	Programme Head
<60%	Immunization, Quality Assurance, NIDDCP, NPPCD
60%-75%	NMHP, RKSK
75%-85%	Child Health, RBSK, Family Planning,
85%-95%	ASHAs, NTEP
>95%	Untied Fund, HR, MMU, IDSP, NVBDCP, NPCB+VI, NTCP, NPCDCS

The District of Mamit suffers a grave delay in the release of NHM funds from the state Treasury to the State Health Society accounts. This significantly affects the implementation of key NHM programmes, leads to a disproportionate spending towards the last financial quarter, and hampers overall service delivery at the micro level. The release of funds at the facility level was also significantly delayed, so much so that, the pendency for the last year's financial sanction still existed at the time of this M&E visit.

It was iterated by key state and district stakeholders that the resource envelope for Mizoram, and consequently its district is very

meager and needs to be enhanced to ensure a widened scope of service implementation and delivery.

Given the bifurcated Health Directorates in Mizoram, the district of Mamit also has the CMHO to overlook a certain group of NHM activities, while the Medical Superintendent of the District Hospital overlooks the financial proceedings of another set of NHM activities. The total budget allocated for Mamit is divided between the two Directorates for onward implementation of approved activities.

Timely and adequate fund release is crucial to the health systems strengthening in Mamit.



3 PUBLIC HEALTH PLANNING

Mamit, being an aspirational district, has been routinely observed across a range of 30 indicators covering the key domains of healthcare services, healthcare workforce, healthcare infrastructure, and healthcare security under the NITI Aayog's Transformation of the Aspirational Districts Programme.

The Public Health planning and implementation in the district has strengthened owing to the various investments into district's healthcare system via means of CRS funding, state and central government funding, World Bank projects, and funding received by other multilateral organizations.

3.1. HEALTH INFRASTRUCTURE

Healthcare Infrastructure is one of the key pillars in supporting and promoting the aim of ‘Health for All’. It is important to understand that healthcare infrastructure must take into account the various interlinked facets of quality and quantity, so as to address broader healthcare systems and goals.

The National Health Mission categorizes healthcare infrastructure into 4 tiers, wherein a Sub-Centre is at the most peripheral level. The district of Mamit has a total of 39 Health Sub-centres spread across the various villages in the district (Table 5). The health tier that caters

to the primary healthcare needs constitute of Primary Health Centres (PHCs), followed by Community Health Centres (CHCs) offering a wider of range of services, and finally for the top tier is the District Health Hospital and Medical College. The total health infrastructure density in Mamit is calculated to be 4 public health centres for every 1,00,000 population. Further, the public hospital bed density for the district is 1 bed per 10,000, whereas the World Health Organisation (WHO) recommends a bed density of at least 5 per 10,000.

Table 5: Details of Health Infrastructure, Mamit

Health Facility Type	No. of Health Facilities	Bed Strength	Area Type			Sub-districts	
			Difficult Area	Tribal Area	Reiek	West Phaileng	Zawlnuam
District Hospital	1	31		1			1
Community Health Centre	1	30		1			1
Primary Health Centre	8	80		8	3	3	2
Health Sub Centre	39	0	2	37	8	9	22
<ul style="list-style-type: none"> ▪ TOTAL PUBLIC HEALTH INFRASTRUCTURE DENSITY: 4 health facilities per 1,00,000 population ▪ TOTAL PUBLIC FACILITY BED DENSITY: 1.28 public health facility beds per 10,000 population 							

Table 6 presents the status of support services-specific health infrastructure in the district. Absence of an SNCU, and an NRC in a district

where child health is particularly vulnerable, presents as a distressing dent in the healthcare system of Mamit.

Table 6: Healthcare Support Services Infrastructure, Mamit

Facility Details	Operational
1. Special Newborn Care Units (SNCU)	0
2. Nutritional Rehabilitation Centres (NRC)	0
3. District Early intervention Center (DEIC)	0
4. First Referral Units (FRU)	2
5. Blood Bank	1
6. Blood Storage Unit (BSU)	1
7. Designated Microscopy Center (DMC)	10
8. Tuberculosis Units (TUs)	1
9. CBNAAT/TruNat Sites	1
10. Drug Resistant TB Centres	0
11. Functional Non-Communicable Diseases (NCD) clinic	At DH

3.2. HUMAN RESOURCE FOR HEALTHCARE

A region's healthcare goals and outcomes are largely dependent on its health workforce. Human resource for health is a key component in the study of the health systems. Against this backdrop, this section discusses in detail about the HRH capacity in Mamit.

As discerned from Table 7, the Doctor density in Mamit is about 1 doctor per 1,00,000 population, while the number of nurses (SNs +ANMs) is 8 per 1,00,000. There is an acute shortage of Human Resource for Health in the District. This shortage impedes service delivery, programme implementations, and patient welfare at large. It also creates a

disproportionate and an unjustified burden on the present healthcare staff, working in the wake of such severe HR crunch.

Mamit hardly has a private health facility in place, and given that a major share of its population is entirely reliant on public healthcare, inadequate health workforce, coupled with inadequacies of health infrastructure severely limits the health system's ability to effectively and efficiently meet patients' needs.

Table 7: Details of Public Healthcare Staff, Mamit, 2020-21

HRH	In-Place
· ANM	45
· MPW (Male)	36
· Staff Nurse	41
· Lab technician	17
· Pharmacist (Allopathic)	8
· MO (MBBS)	12
· OBGY	1
· Pediatrician	1
· Anesthetist	1
· Surgeon	1
· Radiologists	0
· Other Specialists	2
· Dentists/ Dental Surgeon/ Dental MO	0
· Dental technician	0
· Dental Hygienist	0
· Radiographer/ X-ray technician	2
· CSSD Technician	0
· OT technician	0
· CHO/ MLHP	0
· AYUSH MO	1
· AYUSH Pharmacist	0
Performance of EMOC/ LSAS trained doctors	Trained
· LSAS trained doctors	1
· EmOC trained doctors	1

3.3. NATIONAL HEALTH PROGRAMMES

The implementation of National Health Programmes is significantly affected due to the shortcoming discussed in previous sections of this report. However, the majority healthcare programmes are functional in the district, and the healthcare staff takes due care to maximize patient welfare and community health via means of these programmatic interventions.

Table 8 presents the district level findings specific of key Monitorable indicators across various national health programmes under the ambit of NHM. In the first section of the Table, key performance indicators pertaining to Reproductive, Maternal, Neonatal, Child and Adolescent health have been discussed. Inter-District Ranks have been computed for each performance indicator, such that on a scale of 1 to 11, a higher rank indicates lower relative performance.

Of the total 11 district in Mizoram, Mamit ranks 10th in term of Institutional deliveries. For the year 2020-21, Mamit reported an institutional delivery rate of 65.4% only. In terms of provision of medicines to the mother under the JSSK programme, the district ranks first in the state. The district also ranks first with regards to the Provision of 4 IFA Tablets at Anganwadi Centres to out-of-school adolescent girls (10-19 years).

With respect to the performance of Immunisation, BCG birth dose coverage is close to 100 percent, while the first dose coverage of Hep B and OPV vaccine is low, at about 50 percent. The district ranks ninth in terms of immunization sessions held to planned. The low immunization status coupled

with lags observed in conducting immunization sessions advocates for an urgent need to allocate focused surveillance towards the immunization activities in the district. HBNC Coverage, especially in cases of Home delivery needs to be scaled up in the district, as presently the district ranks at 7th position.

The district also ranks first with respect to post partum family planning, and records rank 2 with respect to 1st hour breastfeeding.

Cases of respiratory infections diagnosed in children are among the highest in the state, as the district ranks second in this aspect. The district has the second-highest number of Tuberculosis patients in the state, and in terms of in-patient TB mortality the district ranks third.

In terms of chronic disease mortality, the district accords rank 3. Cancer and heart-disease mortality is relatively lower in the district.

Some additional programmes functional in the district are listed as under:

- School Health Programme (Ayushman Bharat)
- National Programme for Health Care of the Elderly (NPHCE)
- Quality Assurance Program
- State Blood Cell
- National Programme for Prevention and Control of Deafness (NPPCD)
- National Programme for Palliative Care (NPPC)
- Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB – PMJAY)

Table 8: Status of NHM Programme-specific Monitorable targets, Mamit, FY 2020-21

Programmes	Monitorable Targets	Mizoram	Mamit	IDR	
Reproductive, Maternal, Neonatal, Child and Adolescent health					
Janani Shishu Yojana (JSY)	% Institutional Delivery to Total Deliveries	87.1	65.4	10	
	% 4 ANC Checkups to Total ANC Registered	61.2	50.6	8	
Janani Shishu Suraksha Karyakaram (JSSK)	% beneficiaries - Mother (to total institutional deliveries)	Diet	17.8	54.3	4
		Diagnostics	13.5	29.5	3
		Medicine	23.0	92.8	1
	% beneficiaries - Child (to total institutional deliveries)	Diagnostics	1.3	0.2	5
Medicine		3.5	1.0	5	
Rashtriya Kishor Swasthya Karyakram(RKSK)	% adolescent girls given IFA Tablets to total adolescents given IFA tablets	In school	49.9	-	-
		Out-of school	36.5	100.0	1
	Sanitary pads distributed for free to total sanitary pads distributed	-	-	-	
Home Based New Born Care(HBNC)	Newborns received at least 6 HBNC visits to total deliveries	Home Delivery	37.6	37.8	7
		Institutional Delivery	24.7	47.7	4
Universal Immunisation Programme	Birth Dose Coverage (%)	BCG	91.7	100.0	8
		Hep B	70.6	52.2	10
		OPV	71.3	52.4	10
	% Immunisation session held to planned	94.5	94.2	9	
Mission Indradhanush / Intensified Mission Indradhanush	Male-Female Ratio: Full Immunisation	50.9	51.0	5	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	% high risk pregnancies managed to identified	67.7	69.0	7	
National Programme for Family planning	% female sterilizations to total sterilizations	100.0	100.0	1	
	Postpartum family planning to total family planning methods	42.0	60.0	1	

Programmes	Monitorable Targets	Mizoram	Mamit	IDR
National Nutritional Programmes				
MAA Programme for Infant and Young Child Feeding	% newborns breastfed within one hour of birth to total institutional deliveries	110.8	144.3	2
National Iron Plus Initiative for Anaemia Control	Number of children (6-59 months) provided 8-10 doses (1ml) of IFA syrup (Bi weekly)	10400.0	-	-
National Vitamin A prophylaxis Programme	% Children Administered Vitamin A to children administered Measles Vaccine	94.2	84.6	10
Communicable diseases				
Integrated Disease Surveillance Programme (IDSP)	Pneumonia	5.5	1.7	10
	Asthma	1.0	0.4	9
	Sepsis	1.2	0.5	9
	Tuberculosis	0.2	0.1	8
	Malaria	5.8	1.2	4
	Diarrhoea	79.8	92.1	7
	Respiratory Infections	6.2	4.0	2
	Severe Acute Malnutrition	0.3	0.0	10
Revised National Tuberculosis Control Programme (RNTCP)	% inpatient deaths due to tuberculosis to total inpatient admission of Tuberculosis	34.7	75.0	3
	On going DOTS Patients	220600.0	8000.0	2
National Vector Borne Disease Control Programme	% malaria cases to total malaria tests (BS+RDT)	2.3	0.8	7
National AIDS Control Programme (NACP)	% male tested HIV positive	5.8	2.6	4
	% female tested HIV positive	Pregnant 0.7	0.6	9
		Non-Pregnant 3.5	1.9	5
National Viral Hepatitis Control Program	% inpatient hepatitis to total hepatitis	0.4	0.4	8

Programmes	Monitorable Targets	Mizoram	Mamit	IDR	
Non-communicable diseases					
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)		Cancer	16.1	15.9	8
	% Case-Fatality to Total Inpatient Fatality	Heart Diseases	9.2	6.7	9
		Total Acute Diseases	9.6	8.8	7
		Total Chronic Diseases	27.0	29.3	3
National Mental Health Programme	% Outpatient mental illness to total outpatient	0.8	0.5	5	
National Oral Health programme	% Outpatient dental to total outpatient	3.6	2.2	11	
Health system strengthening programs					
Ayushman Bharat Yojana	Number of PMJAY empanned hospitals				



4 PUBLIC HEALTH FINANCING

The NHM PIP M&E team visited 3 health facilities in the Reiek subdivision of the district and collected data points via structured checklists and questionnaires. The visit to the health facilities was followed by a detailed discussion with the Chief Medical Officer, Mamit to gain insights into the overall health facility functioning in the district, present set of challenges, and future pathways for service delivery strengthening in the district.



4.1. District Hospital, Mamit



The District Hospital of Mamit is a 30 bedded standalone facility, offering a range of medical health services including Emergency, Medicine, Ob&Gyn, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services (X-Ray and USG), etc. In its present status, it is built and is functional in the capacity of a Community Health Centre (CHC), however, has been accorded the status of a District Hospital. It must be noted that the construction of a 100-bedded in patient department has been recently approved and the work for same is in progress. The District Hospital at Mamit presently has a functional Operation Theatre, Blood Bank, NCD Clinic, and a Newborn Stabilisation Unit (NBSU). Further, the district has an in-hospital diagnostic lab offering up to 17 types of lab investigations, in addition to the X-Ray and USG services.

Key points to be noted for the district hospital are elaborated below:

- **Key achievements**

- ***LaQshya certified Labor Room:*** The District Hospital at Mamit has a state of the art Labor room, which is in absolute accordance with the mandates of the LaQshya programme. Beginning from the triaging setup to respectful maternity care, the delivery care service provisions at the District Hospital are highly optimal.
- ***Telemedicine/Consultation Services:*** Telemedicine/consultation services are functional at the DH level, which significantly help in light of the prevalent mobility constraints in the district.

- **Key Challenges:**

- **Chronic shortage of health workforce:** The District Hospital Mamit has continually witnessed shortage of doctors and paramedical staff for quite some years now. The Gynecologist in the District Hospital has no Ob&Gyn Assistant, and hence registering ANC, completing ANC check-ups, performing deliveries, and also attending to the Gynecology OPD singhandedly poses major challenges for health coverage. The detailed healthcare HR details are tabulated below:

Table 9: Details of Health workforce at District Hospital, Mamit, 2020-21

	HR	Reg.	Cont.
MO (MBBS)		1	2
Specialists	Medicine	2	-
	ObGy		1
	Pediatrician	1	-
	Anesthetist	1	-
	Surgeon	1	-
	Ophthalmologist	1	-
	Orthopedic	-	-
	Radiologist	-	-
	Pathologist	-	-
	Others	-	2
Dentist		-	1
Staff Nurses/ GNMs		5	10
LTs		1	5
Pharmacist		-	-
Dental Technician/ Hygienist		-	-
Hospital/ Facility Manager		-	-
EmOC trained doctor		-	-
LSAS trained doctor		2	-
Others		12	46

- **Lack of specialized care services:** The healthcare workforce and the health services availability at the DH Mamit are not entirely in accordance with the IPHS norms. As previously discussed, the district has no private healthcare facilities and is reliant on public health services for its healthcare needs. In this regard, the DH is the only point of access for tertiary care medical intervention. However, non-availability of some key specialized services like cardiology, nephrology, oncology, etc. may lead to beneficiaries seeking private treatment outside the bounds of the district, thereby incurring catastrophic OOPE.
- **User Charges:** Apart from the allocated NHM budget, the DH Mamit sources its funding needs via means of user charges. These user charges are levied on certain diagnostic tests, for OPD and IPD services, and in some rare cases, for drugs disbursement. Although several groups (such as children, pregnant women, people on low incomes and others) are exempted from paying these fixed charges,

the hospital budget sanctioned under NHM needs to be enhanced so that any OOPE for beneficiaries can be eliminated. Enhancements in primary budget provisions would also allow for the hospital to direct additional revenues towards hospital strengthening.

- **Medical equipment shortage:** The DH Mamit has an Ophthalmologist in place, however, the department of Ophthalmology lacks even the most basic equipments for performing procedures and check-ups. Strengthening the Ophthalmology department must be addressed so that human resource underutilization does not prevail, and the patients are able to avail an expanded set of services.
- **ANC Bed Strength:** The ANC bed strength at the DH Mamit is limited to less than 5 beds. In certain cases where a beneficiary comes to the hospitals covering long distances, and it turns out to be a case of false labor, the beneficiaries have to be sent back home as the admission provisions are rather limited. Increasing the number of ANC and PNC beds will aid the accessibility constraints and would further improve Institutional deliveries.
- **JSY Payment Pendency:** The Chakma and Brus tribe in the Mamit district are often resilient to accepting formal healthcare services. In instances where they might opt for institutional delivery at the public hospital, the JSY payments can not be processed given the lack of mandatory documents and/or bank accounts for these tribal women. The DH Mamit thus consequently reports JSY payment pendency.
- **Telemedicine/consultation:** The telemedicine/consultation services at the DH are although functional, are not entirely optimal in terms of per day consultations. In light of the severe mobility constraints in the district, telemedicine services should be strengthened so that healthcare coverage can be further improved.
- **Power backup:** The hospital has power backup available for only a certain part of the facility. Mamit does observe frequent power cuts, and having power back-up for the entire facility is crucial to ensure uninterrupted services.

4.2. Primary Health Centre, Rawpuichhip



The Primary Health Centre, Rawpuichhip is a 10-bedded health facility functional since the year 2011. The centre offers a range of services including delivery care, emergency care, NCD screening, ANC, Immunisation, Adolescent care, and TB case management. PHC Rawpuichhip is located in the Reiek sub-division of the district. Some key points to be noted for PHC Rawpuichhip are detailed below:

- **Key achievements:**
 - **Adolescent healthcare Services:** The centre registered and counseled the highest number of adolescents under the Adolescent Friendly Health Centres in the Reiek subdivision. The major challenges.
 - **Facility upkeep:** The facility maintenance and cleanliness was observed to be effectual to quality care and service delivery.
- **Key Challenges:**
 - **Vacant position for Pharmacist:** There is no Pharmacist available at the PHC, thereby rendering the task of medicine storage, and disbursement to the Nurses at the facility. A dedicated pharmacist is crucial to the healthcare setup of the PHC.
 - **Water shortage:** Adequate water availability is only ensured during the Monsoon season. For the rest of the year, the facility faces severe shortage of water, and has to buy water to sustain daily activities at the facility.

- **Frequent Power cuts:** The PHC has no system of power backup in place. Although there is an attached Labor Room at the facility, the non-availability of power backup impedes delivery care at the PHC.
- **Drugs shortage:** The PHC reported frequent shortage of Essential Medicines. The available medicines at the PHC were limited to merely 20-25 from the Essential Drugs List
- **Water Seepage:** The Labor room ceilings at the District Hospital have constant water seepage issue, which is aggravated during the monsoon.
- **Infection Control Practices:** The sterilization of the medical equipment at the said PHC is done in the facility kitchen using the boiler method. On observation it was ascertained that the sterilization area and methods were absolutely unfit for optimal infection control practices. Some pictures appended below may be referred to, to gather understanding of the kitchen plus sterilization setup at the PHC, and how it may be comprehensively hazardous to the patient as well as the staff's health.



Kitchen Area



Kitchen Area and Sterilization space



Autoclave



Equipment Disinfection

4.3. Sub Health Centre, Rawpuichhip



The Health Sub Centre at Rawpuichhip routinely investigates checkups specific to ANC, Immunisation, Family Planning, JSY and NMBS, First Aid, DOTS-RNTCP, Minor ailments, RDK, and Malaria Control services/programmes.

Table 10: Details of ANC Registration, SC Rawpuichhip, 2020-21

Month	ANC Registrations	1 st Trimester Registrations
April, 2020	3	3
May, 2020	2	1
June, 2020	2	2
July, 2020	2	2
August, 2020	5	3
September, 2020	1	1
October, 2020	0	0
November, 2020	2	2
December, 2020	1	1
January, 2021	2	1
February, 2021	2	2
March, 2021	1	1
TOTAL	23	19

The First trimester ANC registrations, as presented in Table 10 are about 83 percent of overall ANC registrations during the period 2020-21. The said sub health centre has a dedicated team of ASHA workers, MPW, and ANMs, actively engaged in community based activities. The record maintenance at the SC was found to be at par with the mandated guidelines.

The facility workers are also actively engaged in contraception distribution, and Immunisation activities, ensuring a ‘no-miss’ approach.

DISCUSSION AND RECOMMENDATIONS

The Mizoram healthcare system is characterized by a key feature of bifurcated directorates, with the Directorate of Health Services (DHS) – headed by the CMHO, responsible for the overall public health management at the rural level facilities (SCs, PHCs, CHCs, and Rural Hospitals), and the Directorate of Hospital and Medical Education (DHME) – headed by the Medical Superintendent at the district level – overlooking the health systems implementation for the Civil Hospitals and District Hospitals across the state.

Mamit, one among the 11 district of Mizoram, has been accorded the status of Aspirational District by the NITI Aayog's Transformation of Aspirational Districts Programme. During the pre-pandemic period, and especially prior to the second wave in 2021, the district was on an upward trajectory specific to the healthcare domain as it accorded for rank 2 in October, 2020 out of the total 112 aspirational districts in India. Presently, the district health rankings have drastically gone down as it ranked at the 111th place out of 112 districts in the month of July 2021. Given the noted disruptions across a range of essential healthcare services in wake of the COVID19 pandemic, the district moved to the bottom of the list of aspirational districts. However, it has now picked up performance, as the case burden has gone down, and shifted its resources towards NHM programme implementation and essential healthcare service delivery.

The district of Mamit ranks 5th in terms of population; accounting for an overall share of 8 percent in the state's total population. District's social profile revealed that 95 percent of the state's population belongs identifies as a Scheduled Tribe, with the dominant tribe in the district being Mizo, followed by Chakma, Brus, and other tribal groups.

The present report, structures key findings and observations of the healthcare system in Mamit into 4 broad sections. In the first section, the secondary review into the geographic and socio-demographic profile of Mamit was done based on findings on the data sourced from Census of India, 2011 and the National family Health Survey, Round 5. The section additionally explored the health status of particularly the women in Mizoram, and uncovered that the prevalence of anemia among women is a glaringly high, and calls for serious programme-specific interventions.

In the following section, the report analyzed the district's budgetary allocation and utilization status for the year 2020-21, under NHM. Budget utilization across major programme divisions was found to be satisfactory, with the exception of low budget utilization towards 'Immunization' and 'Programme Management'.

Section 3 of this report throws light on the public health planning and National health programme implementation in the district. The health infrastructure density and the public

hospital bed density are awfully low. However, an addition of 100-bedded IPD department at the District Hospital, which has been approved this year, will enable improvements in terms of density, and consequently revamp overall availability. Chronic shortages in healthcare workforce were also noted for the district of Mamit, further impeding healthcare coverage. Poor institutional delivery rates, low status of child immunization coverage, Vitamin A administration to children, cases of childhood respiratory infections, prevalence of tuberculosis, and increased incidence of chronic disease fatality emerged as major public health concerns in the district. The last section summarized key findings of the healthcare facilities visited by the NHM PIP M&E team.

The people in Mamit are almost entirely reliant on public care provisions for their healthcare needs. The district is one of the least urbanized in the state, and has no available private health facility setup. Mobility constraints within the district pose a major challenge to public health services accessibility. This is compounded by the scarcity of public health resources which in combination further disrupts the effectiveness of healthcare systems in Mamit. The following recommendations may be considered for the health systems strengthening in the district of Mamit:

- ***Awareness programmes and educative interventions to combat Risky Health Behaviors:***
The population of Mamit has noted increased case fatality for cases of cancer, tuberculosis, and heart diseases. Cases of stomach, mouth, esophageal, and lung cancers have been reported from the district. A number of risk factors and risky health behaviors undermine progress in population health, including smoking rates, narcotics, etc. which are much higher in Mizoram than the national average. Enhanced NTPC interventions, along with dedicated rehabilitation facilities, awareness through local and religious bodies, etc. is crucial to curbing the preventable fatalities and risky-health behavior induced morbidities in the district.
- ***Up-gradation of the Obstetrics and Gynecology division at the District Hospital, Mamit:***
The District Hospital Mamit is only the health facility in the district with a dedicated gynecologists, and C-section delivery provisions. However, it suffers gravely from the non-availability of trained workforce (Ob&Gyn Assistants, paramedics, etc). The shortage of support staff could seriously impede the retention of the specialized doctor in the division, along with having implications for quality care provisions. Prioritized strengthening of the Ob&Gyn division by filling up vacant positions must be addressed.
- ***Reforming the district resource envelope:***
The healthcare delivery and implementation challenges in Mamit are unique due to its geographical and mobility barriers. It was unanimously submitted by key stakeholders from the state and district level, that the present resource envelope reflects major underfunding, and it must be reformed to contend with the local healthcare challenges.

- ***Improved integration of health Directorates***

Given that bifurcated health directorates is a distinctive feature of the Mizoram healthcare system, the application and functionality in this setup may implicate added difficulties if the demarcation is not essentially looked at ‘integration’ in the welfare purview. Ensuring harmonic functioning and implementation of healthcare activities, through ‘divided but disunited’ approach must be targeted, so as to enable smooth operationalisation of key activities.
- ***Improved screening and management opportunities for Iron deficiency anemia:***

Prevalence of anemia among women in the district is notably concerning. Improved screening of even asymptomatic men, women, and children must be targeted so that early diagnosis and management can be enabled. Routine screening for anemia among pregnant women, and children should certainly not be missed on occasions of ANC checkups, health checkups during school visits, camps, etc. Anemia is emerging is a significant public health concern for the women in Mamit, and programmatic interventions under the Anemia Mukta Bharat Programme, JSY programme, JSSK Programme, and NCD prevention programmes must be implemented effectively and monitored routinely.
- ***Increase in the number of delivery points at the peripheral level:***

The district ranks second from the bottom in the state in terms of institutional delivery rate reported for the year 2020-21. Mamit presently has documents a concerning share of unassisted home deliveries. By ensuring increased training of the MOs, Staff nurses and the ANM cadre, and by ensuring a functional labor room setup across remote facilities and underserved areas, institutional delivery rates can be accelerated. Additional provision of referral transport for pregnant women will also further supplement improvements in institutional delivery rates.
- ***Improved availability of Diagnostic tests including imaging services:***

The district has a somewhat befitting range of lab tests available at the district hospital Mamit; however, it is only the centre in the district providing imaging diagnostics. Lab tests and screenings can account for a major share of out of pocket expenditure, which may get further aggravated if the patient has to travel significantly to avail these services. Thus, provisions of Clinical laboratory setups offering a range of diagnostic tests must be ensured across primary healthcare facility tier in the district. This will entail appointing of Lab technicians, and availability of proper equipment.

The state of Mizoram has fought a long and a hard battle against the COVID19 pandemic, and the public healthcare system has absorbed major shocks during this period. Mamit district, which had begun to show significant improvements, had also observed a major setback in light of the pandemic. However, with careful and strategic planning and implementation, the dedicated team healthcare workforce in Mamit has all the potential to materialize the ‘Health for All’ discourse.

APPENDIX



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				

13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH		
• At SDH		
• At CHC		
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities		
• Providing 1st trimester services		
• Providing both 1st & 2nd trimester services		

B. Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24X7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	

Indicator	Remarks/ Observation	
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> • Total no. of RBSK teams sanctioned 		
<ul style="list-style-type: none"> • No. of teams with all HR in-place (full-team) 		
<ul style="list-style-type: none"> • No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> • No. of Teams per Block 		
<ul style="list-style-type: none"> • No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> • Average no of children screened per day per team 		
<ul style="list-style-type: none"> • Number of children born in delivery points screened for defects at birth 		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 		
<ul style="list-style-type: none"> • Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> • Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> • Admission 		
<ul style="list-style-type: none"> • Defects at birth 		
<ul style="list-style-type: none"> • Discharged 		
<ul style="list-style-type: none"> • Referral 		
<ul style="list-style-type: none"> • LAMA 		
<ul style="list-style-type: none"> • Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> • Admission 		
<ul style="list-style-type: none"> • Discharged 		
<ul style="list-style-type: none"> • Referral 		
<ul style="list-style-type: none"> • LAMA 		
<ul style="list-style-type: none"> • Died 		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <'-3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 		
<ul style="list-style-type: none"> • Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC 		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> ○ RBSK ○ Pediatric ward/ emergency 		
<ul style="list-style-type: none"> • Discharged 		
<ul style="list-style-type: none"> • Referral/ Medical transfer 		
<ul style="list-style-type: none"> • LAMA 		
<ul style="list-style-type: none"> • Died 		
10. Home Based Newborn Care (HBNC)		
<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs 		
<ul style="list-style-type: none"> • Newborns visited under HBNC 		
<ul style="list-style-type: none"> • Status of availability of drug kit with ASHAs 		
11. Number of Maternal Death Review conducted		
<ul style="list-style-type: none"> • Previous year 		
<ul style="list-style-type: none"> • Current FY 		
12. Number of Child Death Review conducted		
<ul style="list-style-type: none"> • Previous year 		
<ul style="list-style-type: none"> • Current FY 		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
<ul style="list-style-type: none"> • No. of trips per MMU per month 		
<ul style="list-style-type: none"> • No. of camps per MMU per month 		
<ul style="list-style-type: none"> • No. of villages covered 		
<ul style="list-style-type: none"> • Average number of OPD per MMU per month 		
<ul style="list-style-type: none"> • Average no. of lab investigations per MMU per month 		
<ul style="list-style-type: none"> • Avg. no. of X-ray investigations per MMU per month 		
<ul style="list-style-type: none"> • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 		
<ul style="list-style-type: none"> • Avg. no. of sputum collected for TB detection per MMU per month 		
<ul style="list-style-type: none"> • Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> • Payment pending (if any) 		
<ul style="list-style-type: none"> • If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> • No. of Basic Life Support (BLS) (on the road) and their distribution 		
<ul style="list-style-type: none"> • No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> ○ If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> ○ Average number of calls received per day 		
<ul style="list-style-type: none"> ○ Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) 			
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 			
<ul style="list-style-type: none"> ○ If the vehicles are GPS fitted and handled through centralized call centre 			
<ul style="list-style-type: none"> ○ Average number of trips per ambulance per day 			
<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 			
<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) 			
20. Universal health screening			
<ul style="list-style-type: none"> • If conducted, what is the target population 			
<ul style="list-style-type: none"> • Number of Community Based Assessment Checklist (CBAC) forms filled till date 			
<ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to 			

Indicator	Remarks/ Observation
be seen)	
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	
• Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
• Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available	
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Beneficiaries paid under Nikshay Poshan Yojana	
• Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	
• No. of G2D cases	
• MDT available without interruption	
• Reconstructive surgery for G2D cases being conducted	
• MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs	
• Required as per population	
• Selected	
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	
• No. of villages/ slum areas with no ASHA	

Indicator	Remarks/ Observation			
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 				
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ol style="list-style-type: none"> SHC- HWC PHC- HWC UPHC – HWC 		
4. Number of individuals screened for: <ol style="list-style-type: none"> Hypertension Diabetes 		

c. Oral Cancer		
d. Breast Cancer		
e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

E. Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned		In-place	Vacancy (%)
• ANM				
• MPW (Male)				
• Staff Nurse				
• Lab technician				
• Pharmacist (Allopathic)				
• MO (MBBS)				
• OBGY				
• Pediatrician				
• Anesthetist				
• Surgeon				
• Radiologists				
• Other Specialists				
• Dentists/ Dental Surgeon/ Dental MO				
• Dental technician				
• Dental Hygienist				
• Radiographer/ X-ray technician				
• CSSD Technician				
• OT technician				
• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

F. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available)

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral			

Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
<ul style="list-style-type: none"> • FMR 16.1: PM Activities Sub Annexure 			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
<ul style="list-style-type: none"> • Maternal Health • Child Health • RBSK • Family Planning • RKSK/ Adolescent health • PC-PNDT • Immunization • Untied Fund • Comprehensive Primary Healthcare (CPHC) • Blood Services and Disorders • Infrastructure • ASHAs • HR • Programme Management • MMU • Referral Transport • Procurement • Quality Assurance • PPP • NIDDCP 			
2. NUHM			
3. Communicable Diseases Pool			
<ul style="list-style-type: none"> • Integrated Disease Surveillance Programme (IDSP) • National Vector Borne 			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

G. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		

4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		



Ministry of Health & Family Welfare
Government of India



District Hospital (DH)/ Sub-District Hospital (SDH) Level Checklist

Name of facility visited	
Facility Type	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:

Indicator	Remarks/ Observation																		
1. OPD Timing																			
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																		
3. Number of functional in-patient beds	_____ No of ICU Beds available:																		
4. List of Services available																			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> <tr> <td>4</td> <td>General Surgery</td> <td></td> </tr> <tr> <td>5</td> <td>Anesthesiology</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology	
Sl.	Service	Y/N																	
1	Medicine																		
2	O&G																		
3	Pediatric																		
4	General Surgery																		
5	Anesthesiology																		

Indicator	Remarks/ Observation			
	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	District Early Intervention Centre (DEIC)		
	11	Nutritional Rehabilitation Centre (NRC)		
	12	SNCU/ Mother and Newborn Care Unit (MNCU)		
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		
	14	Neonatal Intensive Care Unit (NICU)		
	15	Pediatric Intensive Care Unit (PICU)		
	16	Labour Room Complex		
	17	ICU		
	18	Dialysis Unit		
	19	Emergency Care		
20	Burn Unit			
21	Teaching block (medical, nursing, paramedical)			
22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:			
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.			
11. Details of HR available in the	HR	San.	Reg.	Cont.

Indicator	Remarks/ Observation				
facility (Sanctioned and In-place)	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				
13. Kayakalp	Initiated: Facility score: Award received:				
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
15. LaQshya	Labour Room: Operation Theatre:				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL_____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
No. of drugs available on the day of visit (out of the EDL) _____					
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____				
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP				

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____

Indicator	Remarks/ Observation
	No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%)

Indicator	Remarks/ Observation																		
	<input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month																			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____																		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:																		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Community Health Centre (CHC)/ U-CHC Level Checklist

Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator		Remarks/ Observation	
4. OPD Timing			
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	

	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
• If any of the specialists are available 24*7	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
• Emergency	General facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			emergency: for:
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
Others				
15. IT Services	• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
16. Kayakalp	Initiated: Facility Award received:			score:
17. NQAS	Assessment done: Facility Certification Status:		Internal/State score:	

18. LaQshya	Labour Room: Operation Theatre:										
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____										
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed										
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all										
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)										
27. If there is any shortage of major instruments/ equipment											

(List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 _____ Current year: 2020-21 __
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:		
	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant 		

	<p>cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <ul style="list-style-type: none"> • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre/ PHC were referred to this CHC last month? 	<p>Number: Sub centre PHC</p> <p>Types of cases referred in:</p>
<ul style="list-style-type: none"> • How many cases from the CHC were referred to the DH last month? 	<p>Number:</p> <p>Types of cases referred out:</p>
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	



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Primary Health Centre (PHC/U-PHC) Level Checklist

Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	

9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				
11. Kayakalp	Initiated: Facility _____ score: Award received: _____				
12. NQAS	Assessment done: _____	Internal/State score: _____	Facility Certification Status: _____		
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage				Supply Shortage
	In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				
19. Availability of essential diagnostics	<input type="checkbox"/> In-house				

	<input type="checkbox"/> Outsourced/PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage
	Supply Shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

	<input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

	<p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for:</p> <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p>
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
53. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<p><input type="checkbox"/>PHC own ambulance available Number_____</p> <p><input type="checkbox"/>PHC has contracted out ambulance services Number_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p>
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this 	<p>Number:</p>

PHC last month?	Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

Name of facility visited	
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: 																								

Indicator	Remarks/ Observation										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____ Supply Shortage										
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										

Indicator	Remarks/ Observation		
	LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	